

BES ACA Reconciliation Report

This monthly report is posted in HurMan and shows all 2015 participant records in the BES database for your group.

Columns 1 – 10:

AGY	GRP	SUB	FEIN	SC	SSN	ID	LAST NAME	FIRST NAME	MI
999	999	999	99-9999999	9999	999999999	9999999	LastName	FirstName	M

Columns 11 – 19:

<JAN> Class / Offer	<FEB> Class / Offer	<MAR> Class / Offer	<APR> Class / Offer	<MAY> Class / Offer	<JUN> Class / Offer	<JUL> Class / Offer	<AUG> Class / Offer	<SEP> Class / Offer
- / -	- / -	- / -	- / -	- / -	- / -	- / -	- / -	- / -

AGY Agency Number
GRP Group Number
SUB Subdivision Number (default for a State group is 000)
The combination of AGY, GRP, and SUB are the BES group number.

FEIN Federal Employer ID Number
SC Sort Code (used for sorting purposes only)
SSN Social Security Number
ID BES ID
LAST NAME Last Name
FIRST NAME First Name
MI Middle Initial

<JAN>-<SEP> Report Months

Class Code hyphen (-) No record for this month
FT Full-time employee
PT Part-time employee
EX Excluded by OHB

Offer Code hyphen (-) Employer not required by ACA to offer coverage
W Waived Employee waived offer of coverage (chose not to enroll)
E Enrolled Employee enrolled in the coverage offered
F Failure Employer failed to offer ACA coverage

Instructions for reconciling the BES ACA Reconciliation Report

Step 1: Make sure the FEIN is accurate for each employee listed. If a FEIN is incorrect, contact Brenda.Farrish@dhrm.virginia.gov to report the discrepancy.

Step 2: Make sure each employee listed reflects an accurate record of coverage offered in 2015 using the key above.

It is important to closely review records with a hyphen under any month. A hyphen indicates that BES does not have a record that the employee was not offered coverage by your group for that month. If the record is accurate, no action is required.

and

If a record is not accurate, submit a STATE - ACA Reconciliation Form - CORRECTION (Page 4) to OHB so the record can be corrected.

- If coverage was offered, but the employee chose not to enroll, replace the hyphen with W.
- If the class code is not correct, replace it with the correct class code.
- If coverage was not offered and the employee was eligible by ACA standards, replace the hyphen with F.

Step 3: Make sure all eligible employees for 2015 are listed. If an eligible employee is missing from the report, submit STATE - ACA Reconciliation Form - ADDITION (Page 5) to OHB so a record can be added to the BES database.

Sample Records:

Sample 1: Test A Sample

AGY	GRP	SUB	FEIN	SC	SSN	ID	LAST NAME	FIRST NAME	MI
999	999	999	99-9999999	9999	999999999	9999999	SAMPLE	TEST	A

<JAN> Class / Offer	<FEB> Class / Offer	<MAR> Class / Offer	<APR> Class / Offer	<MAY> Class / Offer	<JUN> Class / Offer	<JUL> Class / Offer	<AUG> Class / Offer	<SEP> Class / Offer
FT / E	FT / E	FT / E	FT / E	FT / E	FT / E	FT / E	FT / E	FT / E

Test A Sample shown above indicates that coverage was offered Jan – Sep. It also indicates that the class was FT for Jan – Sep. If the class code for each month is correct, no action is required. If this is not correct, send a correction form to OHB.

Sample 2: Test B Sample

AGY	GRP	SUB	FEIN	SC	SSN	ID	LAST NAME	FIRST NAME	MI
999	999	999	99-9999999	9999	999999999	9999999	SAMPLE	TEST	B

<JAN> Class / Offer	<FEB> Class / Offer	<MAR> Class / Offer	<APR> Class / Offer	<MAY> Class / Offer	<JUN> Class / Offer	<JUL> Class / Offer	<AUG> Class / Offer	<SEP> Class / Offer
- / -	- / -	FT / W	FT / E	FT / E	FT / E	PT / E	PT / E	PT / E

Test B Sample shown above indicates that coverage was not offered Jan – Feb. It also indicates that the class was FT for Mar – Jun and PT for Jul – Sep. If this is correct, no action is required. If this is not correct, send a correction form to OHB.

Sample 3: Test C Sample

AGY	GRP	SUB	FEIN	SC	SSN	ID	LAST NAME	FIRST NAME	MI
999	999	999	99-9999999	9999	999999999	9999999	SAMPLE	TEST	C

<JAN> Class / Offer	<FEB> Class / Offer	<MAR> Class / Offer	<APR> Class / Offer	<MAY> Class / Offer	<JUN> Class / Offer	<JUL> Class / Offer	<AUG> Class / Offer	<SEP> Class / Offer
FT / E	FT / E	FT / E	FT / E	FT / E	FT / E	- / -	- / -	- / -

Test C Sample shown above indicates that coverage was not offered Jul – Sep. It also indicates that the class was FT for Jan - Jun. If this is correct, no action is required. If this is not correct, send a correction form to OHB.

Sample 4: Test D Sample

AGY	GRP	SUB	FEIN	SC	SSN	ID	LAST NAME	FIRST NAME	MI
999	999	999	99-9999999	9999	999999999	9999999	SAMPLE	TEST	D

<JAN> Class / Offer	<FEB> Class / Offer	<MAR> Class / Offer	<APR> Class / Offer	<MAY> Class / Offer	<JUN> Class / Offer	<JUL> Class / Offer	<AUG> Class / Offer	<SEP> Class / Offer
- / -	- / -	PT / - E	PT / - E	FT / - E	FT / - E	- / -	- / -	- / -

Test D Sample shown above indicates that coverage was not offered Jan – Feb and Jul - Sep. It also indicates that the class was PT for Mar – Apr and FT for May - Jun. If this is correct, no action is required. If this is not correct, send a correction form to OHB.

STATE - ACA Reconciliation Form - CORRECTION

Section 1: Use the following Class and Offer codes to correct a record on your group's ACA Reconciliation Report. Be sure to enter data in each field.

Class Codes: FT Full-time employee
PT Part-time employee

Offer Codes: W Waived - Employee waived enrollment in coverage offered (chose not to enroll)
F Failure - Employer failed to offer coverage by ACA standards

Note: You may not change an offer code from W or E. Enrollment changes must be submitted by an enrollment form.

ID:	LAST NAME:	FIRST NAME:	MI:
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<JAN> Class / Offer	<FEB> Class / Offer	<MAR> Class / Offer
<input type="checkbox"/> No change	<input type="checkbox"/> No change	<input type="checkbox"/> No change
<input type="checkbox"/> Change Class Code to:	<input type="checkbox"/> Change Class Code to:	<input type="checkbox"/> Change Class Code to:
<input type="checkbox"/> Change Offer Code to:	<input type="checkbox"/> Change Offer Code to:	<input type="checkbox"/> Change Offer Code to:

<APR> Class / Offer	<MAY> Class / Offer	<JUN> Class / Offer
<input type="checkbox"/> No change	<input type="checkbox"/> No change	<input type="checkbox"/> No change
<input type="checkbox"/> Change Class Code to:	<input type="checkbox"/> Change Class Code to:	<input type="checkbox"/> Change Class Code to:
<input type="checkbox"/> Change Offer Code to:	<input type="checkbox"/> Change Offer Code to:	<input type="checkbox"/> Change Offer Code to:

<JUL> Class / Offer	<AUG> Class / Offer	<SEP> Class / Offer
<input type="checkbox"/> No change	<input type="checkbox"/> No change	<input type="checkbox"/> No change
<input type="checkbox"/> Change Class Code to:	<input type="checkbox"/> Change Class Code to:	<input type="checkbox"/> Change Class Code to:
<input type="checkbox"/> Change Offer Code to:	<input type="checkbox"/> Change Offer Code to:	<input type="checkbox"/> Change Offer Code to:

Section 2: Employer's Certification

BES Group:	Agy:	Grp:	Sub:
			000
Signature:		Date Signed:	
Printed Name:	Phone:	Ext:	
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Send authorized form by: Email: OHB@dhrm.virginia.gov, Fax: (804) 371-0231, or Mail: DHRM-OHB, 101 N 14th St Fl 13, Richmond, VA 23219

STATE - ACA Reconciliation Form - ADDITION

Section 1: Use the following Class and Offer codes to add a record to your group's ACA Reconciliation Report.
Be sure to enter data in each field.

Class Codes:	hyphen (-)	No record for this month, coverage not offered by this group
	FT	Full-time employee
	PT	Part-time employee
Offer Codes:	hyphen (-)	Employer not required by ACA standards to offer coverage
	W	Waived - Employee waived enrollment in coverage offered (chose not to enroll)
	F	Employer failed to offer coverage by ACA standards

SSN:	LAST NAME:	FIRST NAME:	MI:
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Date of Birth:	Gender M/F:	BES Agy:	BES Grp:	BES Sub: 00
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Street or PO Box:		
City:	State:	Zip+4:

<JAN>		<FEB>		<MAR>		<APR>		<MAY>		<JUN>		<JUL>		<AUG>		<SEP>	
Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer

Section 2: Employer's Certification

BES Group:	Agy:	Grp:	Sub: 000
Signature:		Date Signed:	
Printed Name:	Phone: () -	Ext:	

Send authorized form by: Email: OHB@dhrm.virginia.gov, (804) 371-0231, or Mail: DHRM-OHB, 101 N 14th St Fl 13, Richmond, VA 23219